



REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No

If yes, enter the case number: _____

PARTIES Include information for all parties involved.

EMPLOYER City of Moses Lake
Contact Allison Williams
Title City Manager
Address 401 S. Balsam St.
City, State, ZIP Moses Lake, WA 98837
Telephone 509-764-3702 Ext. _____
Email awilliams@cityofml.com

PETITIONER WSCCCE, Council 2
Contact Bill Keenan
Title Director of Organizing
Address P.O. Box 750
City, State, ZIP Everett, WA 99206-0750
Telephone 425-864-6619 Ext. _____
Email bilk@council2.com

CURRENT BARGAINING REPRESENTATIVE

If one exists WSCCCE, Council 2, AFSCME
Contact Same as Petitioner
Title _____
Address _____
City, State, ZIP _____
Telephone _____ Ext. _____
Email _____

TYPE OF REQUEST Select ONE of the following.

- ☐ **RECOGNITION** to be certified as the representative of employees currently unrepresented.
- ☒ **INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- ☐ **CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- ☐ **DECERTIFICATION** to no longer be represented by the current organization.
- ☐ **EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNITDepartment or Division Fleet ManagementNumber of Employees in Bargaining Unit 4**Describe the existing or proposed bargaining unit:**

New classifications. Fleet Management Supervisor (Working Foreman) and Technicians.

Existing bargaining unit. All full-time and part-time building maintenance, sewer, stormwater/streets and water division.

Collective Bargaining Agreement (CBA):

If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

CBA Expiration Date 12/31/21**SHOWING OF INTEREST** The showing of interest cards are confidential and are filed ONLY with PERC.

The petition must be filed with a showing of interest indicating support of at least 30 percent of the employees in the bargaining unit. Showing of interest cards may be submitted electronically, provided the copy is legible.

AUTHORIZED CONTACT FOR PETITIONER

Name Bill Keenan Title Director of Organizing
Address P.O. Box 750 City, State, ZIP Everett, WA 98206-0750
Telephone 425-864-6619 Ext. _____ Email bilk@council2
Signature [Signature] Date 7/29/21

From: [Copier](#)
To: [Bill Keenan](#)
Subject: Message from "RNP5838794A5B99"
Date: Thursday, July 29, 2021 5:06:52 PM
Attachments: 20210729171052390.pdf

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To: [PERC, Filing \(PERC\)](#)
Cc: [Tom Cash](#); [Scott Allsbrook](#)
Subject: City of Moses Lake representation petition
Date: Thursday, July 29, 2021 5:21:13 PM
Attachments: Message from RNP5838794A5B99.msg
Message from RNP5838794A5B99.msg

External Email

FYI

Bill Keenan
Director of Organizing
WSCCCE/Council 2
425-303-8818 x 227
425-303-8906 fax
bilk@council2.com

